

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 16-31, 2008**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

12/16/2008

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application
☐ Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 067638957

* Legal Name: General Atomics

Department: Energy

Division: Theory & Computational Science

* Street1: 3550 General Atomics Court

Street2:

* City: San Diego

County:

* State: CA: Californ

Province:

* Country: UNITED ST * ZIP / Postal Code: 92121-1122

Person to be contacted on matters involving this application

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Dr. Vincent

Chan

* Phone Number: 858-455-4162

Fax Number:

Email: vincent.chan@gat.com

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

95-3735102

7. * TYPE OF APPLICANT:

Q: For-Profit Organization (Other than Small Business)

8. * TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Fusion Simulation Program

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

San Diego, CA; see additional in Field 21

13. PROPOSED PROJECT:

* Start Date

* Ending Date

03/15/2009

03/14/2011

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

CA-53

CA-53

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Dr. Vincent

Chan

Position/Title: Principal Investigator

* Organization Name: General Atomics

Department: Energy

Division: Theory & Computational Science

* Street1: 3550 General Atomics Court

Street2:

* City: San Diego

County:

* State: CA: Californ

Province:

* Country: UNITED ST * ZIP / Postal Code: 92121-1122

* Phone Number: 858-455-4162

Fax Number:

* Email: vincent.chan@gat.com

OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2****16. ESTIMATED PROJECT FUNDING**

a. * Total Estimated Project Funding

b. * Total Federal & Non-Federal Funds

c. * Estimated Program Income

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State:

Province: * Country: * ZIP / Postal Code:

* Phone Number: Fax Number: * Email:

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application**21. Attach an additional list of Project Congressional Districts if needed.**

OMB Number: 4040-0001

Expiration Date: 04/30/2008

**APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)**

1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		2. DATE SUBMITTED 12/16/2008	Applicant Identifier 																																			
		3. DATE RECEIVED BY STATE 	State Application Identifier 																																			
4. Federal Identifier 																																						
5. APPLICANT INFORMATION <div style="display: flex; justify-content: space-between;"><div>* Legal Name: General Atomics Department: Energy * Street1: 3550 General Atomics Court * City: San Diego Province:</div><div>Division: Theory & Computational Science Street2: County: * State: CA: Califon</div><div>* Organizational DUNS: 067638957 * ZIP / Postal Code: 92121-1122 * Country: UNITED ST</div></div> <div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">RECEIVED DEC 16 2008 STATE CLEARING HOUSE</div>																																						
Person to be contacted on matters involving this application <table style="width: 100%;"><tr><td>Prefix:</td><td>* First Name: David</td><td>Middle Name:</td><td>* Last Name: Schissel</td><td>Suffix:</td></tr><tr><td colspan="2">* Phone Number: 858-455-3387</td><td>Fax Number:</td><td colspan="2">Email: david.schissel@gat.com</td></tr></table>				Prefix:	* First Name: David	Middle Name:	* Last Name: Schissel	Suffix:	* Phone Number: 858-455-3387		Fax Number:	Email: david.schissel@gat.com																										
Prefix:	* First Name: David	Middle Name:	* Last Name: Schissel	Suffix:																																		
* Phone Number: 858-455-3387		Fax Number:	Email: david.schissel@gat.com																																			
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 95-3735102		7. * TYPE OF APPLICANT: Q: For-Profit Organization (Other than Small Business) Other (Specify): <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Women Owned</div><div><input type="checkbox"/> Socially and Economically Disadvantaged</div></div>																																				
8. * TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify): * Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		9. * NAME OF FEDERAL AGENCY: Chicago Service Center																																				
		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049 TITLE: Office of Science Financial Assistance Program																																				
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SynAPSE: Steering Network-Aware Applications with perSONAR Environment																																						
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) San Diego, CA; see additional in Field 21																																						
13. PROPOSED PROJECT: <table style="width: 100%;"><tr><td>* Start Date 07/01/2009</td><td>* Ending Date 06/30/2012</td></tr></table>		* Start Date 07/01/2009	* Ending Date 06/30/2012	14. CONGRESSIONAL DISTRICTS OF: <table style="width: 100%;"><tr><td>a. * Applicant CA-53</td><td>b. * Project CA-53</td></tr></table>		a. * Applicant CA-53	b. * Project CA-53																															
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SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2****16. ESTIMATED PROJECT FUNDING**

a. * Total Estimated Project Funding 239,786.00
b. * Total Federal & Non-Federal Funds 239,786.00
c. * Estimated Program Income 0.00

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 12/16/2008

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR
☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:
Ms. Ramona Gompper
* Position/Title: Sr. Contract Administrator * Organization: General Atomics
Department: Contracts and Purchasing Division:
* Street1: 3550 General Atomics Court Street2:
* City: San Diego County: * State: CA: Californ
Province: * Country: UNITED ST * ZIP / Postal Code: 92121-1122
* Phone Number: 858-455-3057 Fax Number: * Email: ramona.gompper@gat.com

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

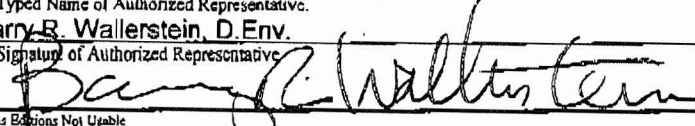
20. Pre-application[Add Attachment](#)[Delete Attachment](#)[View Attachment](#)**21. Attach an additional list of Project Congressional Districts if needed.**

districts.pdf

[Add Attachment](#)[Delete Attachment](#)[View Attachment](#)

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBM 12-12-08	Applicant Identifier
1. TYPE OF SUBMISSION Application	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier A 009094-08-1
5. APPLICANT INFORMATION			
Legal Name: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT		Organizational Unit:	
Address (give city, county, state, and zip code): 21865 COPLEY DRIVE DIAMOND BAR, CA 91765		Name and telephone number of the person to be contacted on matters involving this application (give area code) Mary Leonard (909) 396-2780	
6. EMPLOYER IDENTIFICATION (EIN): 953099419	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 17 2008 STATE CLEARING HOUSE </div>	7. TYPE OF APPLICANT: (enter appropriate letter here) <u>N</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): Regional Agency	
Organizational DUNS: 025986159		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: Carryover		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 09 Air Pollution Control Program Support	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.001 TITLE: Air Pollution Control Program Support			
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Orange, and the and non-desert areas of San Bernardino, Los Angeles, and Riverside Counties			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date	End Date	a. Applicant:	b. Project
10/01/08	09/30/09	23-48	23-48
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. <input checked="" type="checkbox"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE 12-17-08 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	403,345	
b. Applicant	\$	0	
c. State	\$	0	
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$	403,345	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative: Barry R. Wallerstein, D.Env.		b. Title: Executive Officer	c. Telephone Number (909) 396-2100
d. Signature of Authorized Representative: 		e. Date Signed 12/12/08	

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application
☐ Changed/Corrected Application

4. Federal Identifier

DE-FG02-07ER64481

5. APPLICANT INFORMATION

* Organizational DUNS: 047120084

* Legal Name: Regents of the University of California

Department: Office of Sponsored Programs

Division: Office of Research

* Street1: 1850 Research Park Drive

Street2: Suite 300

* City: Davis

County:

* State: CA: California

Province:

* Country: UNITED STATES

* ZIP / Postal Code: 95618

RECEIVED

DEC 17 2008

STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: * First Name: Middle Name: * Last Name: Suffix:

Serena

Reid

* Phone Number: 530-754-7935

Fax Number: 530-752-8502

Email: snreid@ucdavis.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

94-6036494

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type

☒ Women Owned☐ Socially and Economically Disadvantaged8. * TYPE OF APPLICATION: ☐ New☐ Resubmission ☒ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

☒ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify):

9. * NAME OF FEDERAL AGENCY:

Chicago Service Center

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Intellectual property and U.S. public investments in research on biofuel technologies

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Yolo County

13. PROPOSED PROJECT:

* Start Date * Ending Date

09/01/2009

11/30/2009

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

CA-001

b. * Project

CA-001

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Middle Name: * Last Name: Suffix:

Dr. Alan

B

Bennett

Position/Title: Executive Director

* Organization Name: Regents of the University of California

Department: Plant Sciences

Division: PIPRA

* Street1: One Shields Avenue

Street2: PRB Mail Stop 5

* City: Davis

County:

* State: CA: California

Province:

* Country: UNITED STATES

* ZIP / Postal Code: 95618

* Phone Number: 530-752-1411

Fax Number: 530-752-2278

* Email: abbennett@ucdavis.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2009

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE**Page 2****16. ESTIMATED PROJECT FUNDING**

a. * Total Estimated Project Funding 48,117.00

b. * Total Federal & Non-Federal Funds 48,117.00

c. * Estimated Program Income 0.00

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 12/17/2008

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:

Marle Rossi

* Position/Title: Contract and Grant Analyst * Organization: Regents of the University of California

Department: Office of Sponsored Programs Division: Office of Research

* Street1: 1850 Research Park Drive Street2: Suite 300

* City: Davis County: Yolo * State: CA: Californ

Province: * Country: UNITED ST * ZIP / Postal Code: 95618

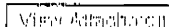
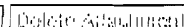
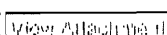
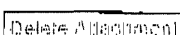
* Phone Number: 530-754-7700 Fax Number: 530-754-8367 * Email: mtrossi@ucdavis.edu

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application**21. Attach an additional list of Project Congressional Districts if needed.**

OMB Number: 4040-0001

Expiration Date: 04/30/2008

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
* 3. Date Received: []		* If Revision, select appropriate letter(s): [] * Other (Specify) []
4. Applicant Identifier: []		5a. Federal Entity Identifier: []
5b. Federal Award Identifier: []		STATE CLEARING HOUSE DEC 18 2008
State Use Only:		
6. Date Received by State: []	7. State Application Identifier: []	
8. APPLICANT INFORMATION:		
* a. Legal Name: Cal State L.A. University Auxiliary Services, Inc.		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 954016653		* c. Organizational DUNS: 066697590
d. Address:		
* Street1: 5151 State University Drive, GE 314		
Street2: []		
* City: Los Angeles		
County: []		
* State: California		
Province: []		
* Country: United States		
* Zip / Postal Code: 90032		
e. Organizational Unit:		
Department Name: []		Division Name: []
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mrs.		* First Name: Alma
Middle Name: P.		[]
* Last Name: Sahagun		[]
Suffix: []		[]
Title: Director of Contracts & Grants Administration		
Organizational Affiliation: Cal State L.A. University Auxiliary Services, Inc.		
* Telephone Number: 323 343-3648		Fax Number: 323 343-6430
* Email: asahag@cslanet.calstatela.edu		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

S. Hispanic-serving Institution

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

* 10. Name of Federal Agency:

National Telecommunications and Information Administration, Dept. of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.550

CFDA Title:

Public Telecommunications Facilities Program

* 12. Funding Opportunity Number:

* Title:

Public Telecommunications Facilities Program (PTFP)

13. Competition Identification Number:

Title

14. Areas Affected by Project (Cities, Counties, States, etc):

Los Angeles, California

* 15. Descriptive Title of Applicant's Project:

Planning Project

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 32* b. Program/Project 32

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 09/01/09* b. End Date: 08/31/10

18. Estimated Funding (\$):

* a. Federal	\$ 96,100
* b. Applicant	\$ 24,025
* c. State	\$ 0
* d. Local	\$ 0
* e. Other	\$ 0
* f. Program Income	\$ 0
* g. TOTAL	\$120,125

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mrs. * First Name: Alma

Middle Name: P.

* Last Name: Sahagun

Suffix:

* Title: Director of Contracts & Grants Administration* Telephone Number: 323 343-3648 Fax Number: 323 343-6430* Email: asahag@cslanet.calstatela.edu* Signature of Authorized Representative: Alma Sahagun Date Signed: 12/17/08

APPLICATION
FOR PTFP FUNDS

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230

OMB Approval
0860-0003

PROJECT INFORMATION

22. Applicant Name Cal State L.A. University Auxiliary Services, Inc.

23a. Enter "Y" if Reactivation ☐ 23b. Old File # 24. Main Station Call Letters N/A Radio MHz TV Channel

25. Yes ☒ No Have you previously received a PTFP grant? If Yes, enter a grant number here

26. Enter letter(s) to classify project

(P) lanning or
(C) onstruction P(R)adio or (T)V
or (RT) for both RT(B)roadcast or (N)onbroadcast
or (BN) for both N27. Enter the Priority of Category
under which you request the
application be reviewed. SA

28. For NEW BROADCAST station, repeater, or translator applications, enter the number of persons that the project will benefit.

Population currently without a signal that will receive its first signal from the proposed facility	
Population currently receiving a signal from another public station that will also receive a signal from the proposed facility	

29. Engineering Contact

Name Jon BeaupreTitle Principal InvestigatorPhone 323 343-4211Email address jbeaur@exchange.calstatela.edu

30. Summary of the application (Summarize the purposes of the application in a few sentences.):

see an attachment31. Enter Y if New FCC Authorizations and/or New Sites are required for the project (Complete the following table or continue on another page).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

32. X Yes No Have you applied to, intend to apply to, or received funds from another Federal program or CPB for this project or a related project? If Yes, please provide information regarding the other funds as an attachment to this page.33. Is the station CPB qualified? (Enter Y or N) N
(CPB qualification is NOT a requirement to receive a PTFP grant.)If applicant is NOT
currently CPB qualified,
enter "Y" if qualification
is expected.

Date of expected qualification

☐ ☐

34. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1MV for FM, Grade B for TV).

City	Call Letters
<u>Pasadena</u>	<u>KPCC 89.3FM</u>
City	Call Letters
<u>Santa Monica</u>	<u>KCRW 89.9FM</u>
City	Call Letters
<u>San Bernardino</u>	<u>KVCR 91.9FM</u>

35. Station Operations

	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	<u>3</u>	<u>40+</u>	<u>3</u>	<u>40</u>
Part-Time Staff	<u>8</u>	<u>20</u>	<u>18-20</u>	<u>20</u>
Volunteers				
Operating Budget				

PTFP-2

Section 30

We seek to expand our news gathering operation by setting up 'micro bureaus' in local public interest locations (Police departments, schools, community centers, libraries, etc.), and to distribute content that fall into both 'education' and 'news' categories. We hope to do stories on such issues as applying for a driver's license, registering to vote, applying for food stamps, etc.

Political programming would help identify candidates and issues, but would remain resolutely non partisan. In addition to publishing this material on our web system we would promote the airing of this material on existing infrastructure, such as local cable operations, public access TV, neighborhood papers, non-commercial radio, even on commercial radio and TV.

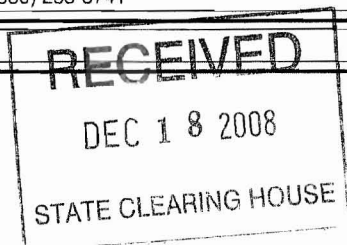
Section 32

Yes, we intend to apply for funds from CPB or other Federal programs, but have not done so as of the date.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>	
* 3. Date Received: <input type="text"/>		4. Applicant Identifier: <input type="text"/>			
5a. Federal Entity Identifier: <input type="text"/>			* 5b. Federal Award Identifier: <input type="text"/>		
State Use Only:					
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>			
8. APPLICANT INFORMATION:					
* a. Legal Name: <input type="text" value="Lassen Community College"/>					
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="16-1644590"/>			* c. Organizational DUNS: <input type="text" value="06-501-1231"/>		
d. Address:					
* Street1:		<input type="text" value="478-200 State Hwy 139"/>			
Street2:		<input type="text"/>			
* City:		<input type="text" value="Susanville"/>			
County:		<input type="text" value="Lassen"/>			
* State:		<input type="text" value="CA"/>			
Province:		<input type="text"/>			
* Country:		<input type="text" value="USA: United States"/>			
* Zip / Postal Code:		<input type="text" value="96130-"/>			
e. Organizational Unit:					
Department Name: <input type="text"/>			Division Name: <input type="text"/>		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: <input type="text" value="Mr."/>		* First Name: <input type="text" value="Kam"/>			
Middle Name:		<input type="text"/>			
* Last Name:		<input type="text" value="Vento"/>			
Suffix:		<input type="text"/>			
Title: <input type="text" value="General Manager"/>					
Organizational Affiliation: <input type="text" value="Faculty/Business/CS"/>					
* Telephone Number: <input type="text" value="(530) 310-3303"/>		Fax Number: <input type="text" value="(530) 253-3741"/>			
* Email: <input type="text" value="instructor@lassenonline.org"/>					



Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

H

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

Other (specify):

*** 10. Name of Federal Agency:**

NTIA / OTIA / PTFP

11. Catalog of Federal Domestic Assistance Number:

11.550

CFDA Title:

Public Telecommunications Facilities Program

*** 12. Funding Opportunity Number:**

TBA

*** Title:**

Public Telecommunications Facilities Program

13. Competition Identification Number:

Title

14. Areas Affected by Project (Cities, Counties, States, etc):

Lassen County, California

*** 15. Descriptive Title of Applicant's Project:**

Construction Project

Attach supporting documents as specified in agency instructions.

RECEIVED

DEC 18 2008

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="87,051"/>
* b. Applicant	<input type="text" value="29,018"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="116,069"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that thy false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

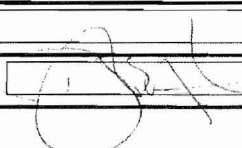
* Last Name:

Suffix:

* Title:

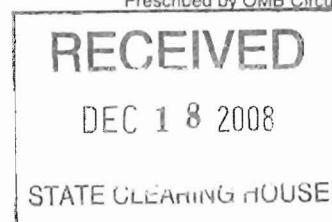
* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102



Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230

OMB Approval
0660-0003

PROJECT INFORMATION

22. Applicant Name Lassen Community College

23a. Enter "Y" if
Reactivation N 23b. Old
File # _____ 24. Main Station
Call Letters KJLC FM 90.9 _____
Radio MHz TV Channel

25. Yes ☒ No Have you previously received a PTFP grant? If Yes, enter a grant number here _____

26. Enter letter(s) to classify project

(P) lanning or
(C) onstruction C

(R)adio or (T)V
or (RT) for both R

(B)roadcast or (N)onbroadcast
or (BN) for both B

27. Enter the Priority of Category
under which you request the application be reviewed. 1A

28. For NEW BROADCAST station, repeater, or translator applications, enter the number of persons that the project will benefit. 29. Engineering Contact

Population currently without a signal that will receive its first signal from the proposed facility	35,369
Population currently receiving a signal from another public station that will also receive a signal from the proposed facility	0

Name Todd Urick
Title Technical Consultant
Phone (530) 792-0763
Email address TODD@COMMONFREQUENCY.ORG

30. Summary of the application (Summarize the purposes of the application in a few sentences.):
Lassen Community College is seeking funding for the construction of a new NCE station (KJLC, 90.9) in Susanville, CA, an under-served rural area.

31. Enter Y if New FCC Authorizations and/or New Sites are required for the project _____ (If yes, complete the following table).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

32. Yes ☒ No Have you applied to, intend to apply to, or received funds from another Federal program or CPB for this project or a related project? If Yes, please provide information regarding the other funds as an attachment to this page.

33. Is the station CPB qualified? (Enter Y or N) ☐
(CPB qualification is NOT a requirement to receive a PTFP grant.)

If applicant is NOT
currently CPB qualified,
enter "Y" if qualification
is expected.

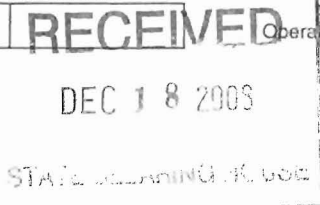
Date of expected qualification

34. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1MV for FM, Grade B for TV).

City	Call Letters
City	Call Letters
City	Call Letters

35. Station Operations

	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	0	0	0	0
Part-Time Staff	0	0	5	10
Volunteers	2	5	30	8
Operating Budget		0		10,200



APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		2. DATE SUBMITTED 	Applicant Identifier
		3. DATE RECEIVED BY STATE 	State Application Identifier
5. APPLICANT INFORMATION		4. Federal Identifier DE-FG02-02ER45981 Renewal	
* Organizational DUNS: 066697590		<div style="border: 2px solid black; padding: 5px; text-align: center;">RECEIVED DEC 18 2008 STATE CLEARING HOUSE</div>	
* Legal Name: Cal State L.A. University Auxiliary Services, Inc.			
Department: Division:			
* Street1: 5151 State University Drive, GE 314 Street2:			
* City: Los Angeles County: * State: CA: Califor			
Province: * Country: UNITED ST * ZIP / Postal Code: 90032			
Person to be contacted on matters involving this application			
Prefix: * First Name: Middle Name: * Last Name: Suffix:			
Mrs. Alma P. Sahagun			
* Phone Number: 323-343-3648 Fax Number: 323-343-6430 Email: asahag@csu.net.calstatela.edu			
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 954016653		7. * TYPE OF APPLICANT: S: Hispanic-serving Institution	
8. * TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Other (Specify): Small Business Organization Type <input type="checkbox"/> Women Owned <input checked="" type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify)		9. * NAME OF FEDERAL AGENCY: Chicago Service Center	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049	
What other Agencies?		TITLE: Office of Science Financial Assistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Numerical Studies of Collective Phenomena In 2-Dimensional Electron and Cold Atom Systems			
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) None			
13. PROPOSED PROJECT: * Start Date * Ending Date 05/15/2009 05/14/2012		14. CONGRESSIONAL DISTRICTS OF: a. * Applicant b. * Project 32 32	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION			
Prefix: * First Name: Middle Name: * Last Name: Suffix:			
Dr. Edward Rezayi			
Position/Title: Faculty		* Organization Name: California State University, Los Angeles	
Department: Physics and Astronomy		Division:	
* Street1: 5151 State University Drive		Street2:	
* City: Los Angeles		* State: CA: Califor	
Province: * Country: UNITED ST		* ZIP / Postal Code: 90032	
* Phone Number: 323-343-2130		* Email: erezayi@calstatela.edu	

SF 424 (R&R) APPLIC ON FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING a. * Total Estimated Project Funding <input type="text" value="70,694.00"/> b. * Total Federal & Non-Federal Funds <input type="text" value="70,694.00"/> c. * Estimated Program Income <input type="text" value="0.00"/>	17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text" value="12/18/08"/> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372: OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
---	--

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

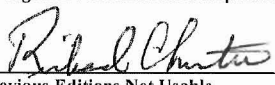
* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative				
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Mrs.	Alma	P.	Sahagun	
* Position/Title: Director of Contracts & Grants Administration		* Organization: Cal State L.A. University Auxiliary Services, Inc.		
Department:		Division:		
* Street1: 5151 State University Drive, GE 314		Street2:		
* City: Los Angeles	County:	* State: CA: California		
Province:	* Country: UNITED STATES	* ZIP / Postal Code: 90032		
* Phone Number: 323-343-3648	Fax Number: 323-343-6430	* Email: asahag@csanet.calstatela.edu		
* Signature of Authorized Representative Completed on submission to Grants.gov		* Date Signed 12/18/08 Completed on submission to Grants.gov		

20. Pre-application	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
----------------------------	---

21. Attach an additional list of Project Congressional Districts if needed.	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
--	---

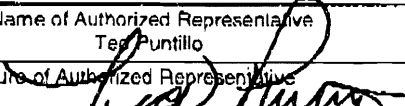
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 12/19/08	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Regional Program Management	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code) Kathy Banh (213) 922-7635	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision A (Increase of Award)		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____	
If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		State Chartered Transit District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20 - 500 TITLE 49 U.S.C. § 5309		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Fiscal Year 2009 Fixed Guideway, CA-05-0212-02	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 07/01/2006	Ending Date 6/30/2009	a. Applicant Districts 24 through 39, and 41	b. Project Same as Applicant

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 23,981,121.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>12/19/08</u>	
b Applicant	\$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 5,995,280.00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g TOTAL	\$ 29,976,401.00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a Typed Name of Authorized Representative Gladys Lowe		b Title Director, Regional Program Management	c Telephone number (213) 922-2459
d. Signature of Authorized Representative 		e. Date Signed <u>12/19/08</u>	

APPLICATION FOR FEDERAL ASSISTANCE

California Central Coast Veterans Cemetery

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12-31-08		Applicant Identifier
		3. DATE RECEIVED BY STATE		State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier
5. APPLICANT INFORMATION				
Legal Name: California Department of Veterans Affairs			Organizational Unit: Administrative Services Division	
Address (give city, county, State, and zip code): 1227 "O" Street, Suite 402 Sacramento, CA 95814			Name and telephone number of person to be contacted on matters involving this application (give area code) Richard Wyatt 916 653-2201	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 6 0 3 8 1 5 7			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px; display: inline-block;">A</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Grants to States for Construction Projects 6 4 2 0 3 TITLE: State Cemetery Grants			9. NAME OF FEDERAL AGENCY: Department of Veterans Affairs	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California, Monterey County, City of Seaside,			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: California Central Coast Veterans Cemetery	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:		
Start Date	Ending Date	a. Applicant Doris Matsui, 5th CA Congressional District		b. Project Sam Farr, 17th CA Congressional District
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 15,944,487	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 12-31-08		
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
c. State	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
d. Local	\$			
e. Other	\$			
f. Program Income	\$			
g. TOTAL	\$ 15,944,487			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Type Name of Authorized Representative Ted Puntillo		b. Title Deputy Secretary California Department of Veterans Affairs		c. Telephone Number 916 503-8300
d. Signature of Authorized Representative 		e. Date Signed 12/31/08		

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input type="checkbox"/> Construction	<input checked="" type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
City of Cloverdale		Department: Engineering		
Organizational DUNS: 004952887		Division:		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 124 North Cloverdale Boulevard		Prefix: Mr.		
City: Cloverdale		First Name: Paul		
County: Sonoma		Middle Name: William		
State: California		Last Name: Wade		
Zip Code: 95425		Suffix:		
Country: USA		Email: wade@coastlandcivil.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give area code)		Fax Number (give area code)
04-0000310		(707) 894-1722		(707) 894-1873
8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: (See back of form for Application Types)		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		C		
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Other (specify)		
Other (specify)		9. NAME OF FEDERAL AGENCY: USDA RUS		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
10-760		1. Water Treatment Plant - New Water Well Construction 2. Water Distribution System - SCADA Improvements 3. Reservoir Re-coating - Southcrest, Hot Springs and Ritter Reservoirs 4. Water Treatment Plant - Installation of 4th Filter Bed Media and Necessary Modifications 5. Construction of a 16" Transmission/Distribution Water Main		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		14. CONGRESSIONAL DISTRICTS OF:		
City of Cloverdale		a. Applicant 01		
13. PROPOSED PROJECT		b. Project 01		
Start Date: SEE ATTACHED		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
Ending Date:		a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12/31/08		
15. ESTIMATED FUNDING:		b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
a. Federal	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
b. Applicant	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
c. State	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
d. Local	\$			
e. Other	\$			
f. Program Income	\$			
g. TOTAL	\$			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative:				
Prefix: Mr.	First Name: Paul	Middle Name: William		
Last Name: Wade	Suffix:			
b. Title: City Engineer	c. Telephone Number (give area code): (707) 894-1722			
d. Signature of Authorized Representative:	e. Date Signed: 12/31/08			

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